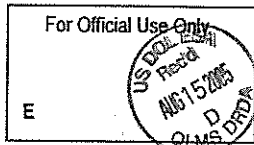


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 8060	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Lynne Lambert P.O. Box, Bldg., Room No., if any Street 55 Ridgewood Terr. City Chappaqua State New York ZIP Code + 4 10514	4. Name, file number, and address of labor organization. Name AFTRA Labor Organization File Number 000-030 P.O. Box, Building and Room Number, if any Street 260 Madison Ave. City NY State New York ZIP Code + 4 10017
5. Position in labor organization. AFTRA board member	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u><i>Lynne Lambert</i></u>	On <u>8/11/05</u> Date	<u>914-238-8028</u> Telephone Number

Name of Person Filing Lynne Lambert	File Number U-
--	----------------

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name AFTRA Health & Retirement Funds Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 261 Madison Ave City NY State New York ZIP Code + 4 10017	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
---	--

10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. I am a volunteer Trustee of AFTRA's Health and Retirement Funds, elected by the National Board of AFTRA. I attend meetings and sometimes educational seminars in that capacity. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Meals and/or lodging: 2/09-11 \$246.00, \$525.00; 6/28-30 \$64.56, \$79.23, \$14.80, \$28.67, \$96.14, \$293.74; 10/25-27 \$258.10, \$335.51, \$27.71, \$59.40, \$22.81, \$2.54. 12.b. Amount. \$2,053
--	--

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. \$

Check Date	Check No.	Payee	Description	Event	Lynne Lambert
02/04/04	30953	Parties Plus	Breakfast/Lunch/Caucus Dinner	Feb 2004 Trustees Meeting (2/9/04-2/11/04)	246.00 ✓
03/22/04	31362	The Gracela	Lodging	Feb 2004 Trustees Meeting (2/9/04-2/11/04)	525.95 ✓
06/22/04	32237	Jim McMillen Catering	Lunch	Jun 2004 Trustee Meeting (6/28/04-6/30/04)	64.56 ✓
06/22/04	32239	Mosisco	Breakfast/Lunch	Jun 2004 Trustee Meeting (6/28/04-6/30/04)	79.23 ✓
06/24/04	32277	2nd Ave. Deli	Lunch	Jun 2004 Trustee Meeting (6/28/04-6/30/04)	14.89 ✓
06/29/04	32313	Chin Chin	Lunch	Jun 2004 Trustee Meeting (6/28/04-6/30/04)	28.67 ✓
10/05/04	33082	Benjamin	Caucus Meeting	Jun 2004 Trustee Meeting (6/28/04-6/30/04)	96.14 ✓
10/05/04	33083	Benjamin	Caucus Meeting	Oct 2004 Trustee Meeting (10/25/04-10/27/04)	258.10 ✓
10/05/04	33082	Benjamin	Lodging	Jun 2004 Trustee Meeting (6/28/04-6/30/04)	293.74 ✓
10/05/04	33083	Benjamin	Lodging	Oct 2004 Trustee Meeting (10/25/04-10/27/04)	335.51 ✓
10/22/04	33261	Chin Chin	Lunch	Oct 2004 Trustee Meeting (10/25/04-10/27/04)	25.71 ✓
10/22/04	33260	Between the Bread	Breakfast/Lunch	Oct 2004 Trustee Meeting (10/25/04-10/27/04)	59.40 ✓
10/28/04	33271	2nd Ave. Deli	Lunch	Oct 2004 Trustee Meeting (10/25/04-10/27/04)	22.81 ✓
11/18/04	33460	Between the Bread	Lunch	Oct 2004 Trustee Meeting (10/25/04-10/27/04)	2.54 ✓

2,053.16